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TO: **Economic Support Supervisors
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Training Staff
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W-2 Agencies**

FROM: Amy Mendel-Clemens
Communications Section
Bureau of Health Care Eligibility

BHCE/BWP OPERATIONS MEMO

No.: 03-69

Date: 11/14/2003

Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: HIGH

SUBJECT: **BADGERCARE PREMIUM INCREASE**

CROSS REFERENCE: Sections 1421 and 9424 (9) of 2003 Wisconsin Act 33
State Law: 49.665
State Administrative Code: HFS 103.03(1)(f), 103.04(6),
103.085, 103.087
Medicaid Handbook 12.0.0

EFFECTIVE DATE: January 1, 2004

PURPOSE

This memo outlines the increase in the monthly premiums for BadgerCare recipients as required by the 2003-2005 State Budget Bill.

BACKGROUND

Families enrolled in BadgerCare with an income equal to or greater than 150% of the Federal Poverty Level (FPL) must contribute towards the cost of BadgerCare coverage. The monthly premium is based on the total family income and is set not to exceed 3% of their income.

POLICY

The 2003-2005 State Budget Bill stipulates that the Department of Health and Family Services raise the monthly premium from 3% to 5% of a family's income effective January 1, 2004.

CARES CHANGES

CARES reference table TBCP will be updated on November 17, 2003 with an effective date of January 1, 2004. When eligibility is run after November 17, 2003 the new premium amounts will be used for January and any future month's eligibility. The December premiums (and any month prior to January 1, 2004) will use the 3% premium logic.

NEW BADGERCARE PREMIUM AMOUNTS

Income From	Income To	Old Premium Amount (3%)	New Premium Amount (5%)
\$1000.00	\$1499.99	\$ 30.00	\$ 50.00
\$1500.00	\$1999.99	\$ 45.00	\$ 75.00
\$2000.00	\$2499.99	\$ 60.00	\$100.00
\$2500.00	\$2999.99	\$ 75.00	\$125.00
\$3000.00	\$3499.99	\$ 90.00	\$150.00
\$3500.00	\$3999.99	\$105.00	\$175.00
\$4000.00	\$4499.99	\$120.00	\$200.00
\$4500.00	\$4999.99	\$135.00	\$225.00
\$5000.00	\$5499.99	\$150.00	\$250.00
\$5500.00	\$5999.99	\$165.00	\$275.00
\$6000.00	\$6499.99	\$180.00	\$300.00
\$6500.00	\$6999.99	\$195.00	\$325.00
\$7000.00	\$7499.99	\$210.00	\$350.00
\$7500.00	\$7999.99	\$225.00	\$375.00
\$8000.00	\$8499.99	\$240.00	\$400.00
\$8500.00	\$8999.99	\$255.00	\$425.00
\$9000.00	\$9499.99	\$270.00	\$450.00
\$9500.00	\$9999.99	\$285.00	\$475.00
\$10000.00	\$10499.99	\$300.00	\$500.00
\$10500.00	\$10999.99	\$315.00	\$525.00
\$11000.00	\$11499.99	\$330.00	\$550.00
\$11500.00	\$11999.99	\$345.00	\$575.00
\$12000.00	\$12499.99	\$360.00	\$600.00

A mass change will be run in early December 2003 to update the premium amounts for January eligibility in CARES. A notice of decision will be sent to all BadgerCare recipients who are currently assessed a premium notifying them of the change in premium amount.

CONTACTS

BHCE CARES Information & Problem Resolution Center

Email: carpolcc@dwd.state.wi.us
Telephone: (608) 261-6317 (Option #1)
Fax: (608) 266-8358

Note: Email contacts are preferred. Thank you.

DHFS/DHCF/BHCE/JE